

**Audiologist
Provider Type 70
907 KAR 1:038**

Information about the program:

- Provider can only be an individual.
- Out of state providers may enroll.
- Audiologist must sign all forms.
- Provider must have “bricks & mortar”.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Individual and KAPER-1/CAQH
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by the applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- Out -of-state providers must submit a Certificate of Clinical Competence issued by the American Speech and Hearing Association
- NPI and Taxonomy Verification

Important addresses:

- State Board of Examiners for Speech Pathology and Audiology
Berry Hill Annex
Frankfort, KY 40602
- American Speech & Hearing Association
10801 Rockville Pike
Rockville, Maryland 20852
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602